

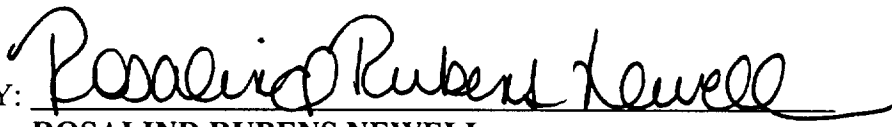
Entered - 03/02/01 - sb  
CL01L0138 - DIANNE C. MITCHELL

CLAIM OF: **BILLIE W. SCHELL,**  
through her attorney,  
**Lawrence E. Harrington**  
**345 E. Lanier Avenue**  
**Fayetteville, Georgia 30214**

01-R-0817

For damages alleged to have been sustained as a result of a pedestrian accident on December 4, 2000 at Boulevard and Ralph McGill Boulevard.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0138

Date: May 16, 2001

Claimant /Victim BILLIE W. SCHELL  
BY: (Atty) Lawrence E. Harrington  
Address: 345 E. Lanier Avenue, Fayetteville, Georgia 30214  
Subrogation: Claim for Property damage \$ Bodily Injury \$ 17,965.93+  
Date of Notice: 02/08/01 Method: Written, proper X Improper         
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 12/04/00 Place: Boulevard and Ralph McGill Boulevard  
Department Police Division:         
Employee involved Thea C. Johnson Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way to the claimant as she was crossing the street in the crosswalk. However, the claimant has rejected the City's settlement offer.

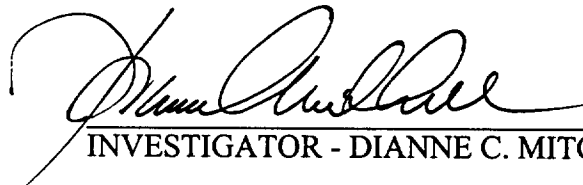
INVESTIGATION:

Statements: City employee        Claimant        Others        Written        Oral         
Pictures        Diagrams        Reports: Police X Dept Report        Other         
Traffic citations issued: City Driver X Claimant Driver         
Citation disposition: City Driver        Claimant Driver       

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial         
Improper Notice        More than Six Months        Other        Damages reasonable         
City not involved        Offer rejected X Compromise settlement         
Repair/replacement by Ins. Co.        Repair/replacement by City Forces         
Claimant Negligent        City Negligent X Joint        Claim Abandoned       

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$        Adverse X Account charged: 1A01        2J01        2H01         
Claims Manager:        Concur/date 05-16-01  
Committee Action:        Council Action

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

FEB - 8 2001

RE: CLAIM FOR DAMAGES

Today's Date: 1-20-01

Dear Municipal Clerk:

ENTERED - 3-2-01 - SB  
01L0138 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ NONE property and/or \$ EXTENT UNK. bodily injury for which I contend the City is liable.

1. Date of incident: DEC. 4, 2000 (month/day/ year)
2. Time of Incident: 2:30P
3. Police called: YES Yes No
4. Location of incident (including street address): BOULEVARD @ RALPH MCGILL BLVD.
5. Name of your insurance company: PRUDENTIAL Policy No. 549469106-0
6. State what and how incident occurred: WHEN CROSSING BOULEVARD AT THE INTERSECTION OF RALPH MCGILL BLVD. I WAS STRUCK BY A VEHICLE OPERATED BY OFFICER ADRIAN THOMAS WHO WAS MAKING A LEFT TURN ONTO BLVD FROM RALPH MCGILL - COPY OF ACCIDENT REPORT ATTACHED.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: N/A  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: 98 FORD VAN THEA C. JOHNSON A.P.D.  
(Make) (City Driver's Name) (Department/Bureau)  
9. Witness: ROBERT REPASZ 1411 WINDY HILL AT. CONYERS GA. 30013 678-794-0617  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Billie W. Schell  
Signature of Claimant

BILLIE W. SCHELL  
(Print Claimant's Name)

481 FLINT TRL.  
(Address)

JONESBORO, GA. 30236  
(City, State and Zip Code)

770-478-9279  
(Work Number) (Home Number)

01-R-0817